

PUBLIC HEALTH 3.0

Santa Rosa, California

Highlights



April 12, 2016

As part of the implementation of Public Health 3.0, the U.S. Department of Health and Human Services (HHS), Office of the Assistant Secretary for Health (OASH) is hosting a series of listening sessions to learn about the challenges and opportunities experienced by local public health entities in their work to promote healthier communities.

The meetings also spotlight local public health innovations, creating a valuable opportunity for community leaders to collaborate and develop strategies to improve public health going forward. Below you'll find highlights from the meeting of Sonoma and Napa Counties, which took place on April 12, 2016, in Santa Rosa.

What is Public Health 3.0?

Public Health 3.0 is a challenge to business leaders, community leaders, state lawmakers, and federal policymakers to incorporate health into all areas of governance.

Public Health Infrastructure

The [California Department of Public Health \(CDPH\)](#) — housed within the California Health and Human Services Agency — governs public health at the state level.

CDPH develops initiatives that drive local public health department work. For example, [Let's Get Healthy California](#) — which aims to make California the healthiest state in the nation — has identified 6 statewide public health goals as well as key indicators to measure progress toward these goals. In response, several cities and counties across California have developed strategies for reaching Let's Get Healthy California targets.

At the local level, county public health departments implement most public health services and programs, including emergency medical services; communicable disease control and prevention; and Women, Infants, and Children (WIC) nutrition education and support. Some major cities — Pasadena, Long Beach, and Berkeley — also have public health departments.



Sonoma County

The Sonoma County Department of Health Services (DHS) has over 600 full-time employees. DHS aims to protect the health and well-being of county residents and has embraced cross-sector collaboration to advance those efforts.

DHS led the development of [A Portrait of Sonoma County](#) — a report that details how residents are faring in health, access to knowledge, and living standards —along with county representatives from health care delivery, education, and business.

Napa County

The Napa County Health and Human Services Agency (HHSA) has about 500 staff. HHSA provides coordinated services across 6 divisions: Child Welfare Services; Alcohol and Drug Services; Comprehensive Services for Older Adults; Mental Health; Public Health; and Self Sufficiency Services.

As the backbone support for [Live Healthy Napa County \(LHNC\)](#), a community-led collaborative, HHSA works with local non-profits, private health systems, and the public to achieve a healthier county.

Health Problems and Challenges

Compared to other counties in California, Sonoma and Napa Counties rank high in health outcomes. Still, both counties struggle with chronic illness and health disparities.

Sonoma County

Cancer and coronary heart disease are the leading causes of death in Sonoma County. In addition, communities of color and low-income families and individuals suffer disproportionately from inadequate access to health care and from the effects of social determinants of health and the built environment.

Health officials and community leaders have identified 9 county health priorities, all underpinned by a commitment to achieving health equity. These priorities include: early childhood development, access to education, economic and housing insecurity, oral health, access to health care, mental health, obesity and diabetes, substance use, and violence/unintentional injury.

Sonoma County Fast Facts

Municipalities: 9

Population: 502,146

Median Income: \$63,799

Median Age: 41

Sources:

- Vintage 2015 Population Estimates
- 2010–2014 American Community Survey 5-Year Estimates

Napa County Fast Facts

Municipalities: 5

Population: 142,456

Median Income: \$70,925

Median Age: 40

Sources:

- Vintage 2015 Population Estimates
- 2010–2014 American Community Survey 5-Year Estimates



Napa County

Coronary heart disease, stroke, and lung cancer are the leading causes of death in Napa County. Significant disparities in health and poverty also exist in the county. Latino residents report fair or poor health at nearly 3 times the frequency of non-Latino white residents. Compared to other groups, a high percentage of Latinos, people with a high school degree or less, and people who live in female-headed households live in poverty.

To advance its vision of healthy equity, LHNC has identified 4 priority areas: improving wellness and healthy lifestyles, addressing the social determinants of health, creating and strengthening sustainable partnerships for collective impact, and ensuring access to high-quality health services and social supports across the life course.

Cross-Sector Partnerships

Public Health 3.0 brings together leaders from all sectors that impact health. Sonoma and Napa Counties showcase the value of partnerships like these. For example:

Sonoma County

[Sonoma Health Action](#) — comprised of representatives from public health, education, local government, and community-based organizations — developed a countywide [action plan](#) to address health, education, and economic well-being.

Partners across Sonoma County recognize that access to post-acute care is critical to keeping homeless residents off the streets and out of the hospital. To this end, 3 local hospitals and DHS worked with Catholic Charities of the Diocese of Santa Rosa to expand Project Nightingale, a respite care program for vulnerable patients. The expanded program provides more respite care beds and integrated case management.

Napa County

LHNC is taking action to prevent and reduce obesity, address behavioral health issues, foster healthy aging, and reduce the number of residents living in poverty.

“Focusing on social determinants of health has helped bring cross-sector partners [together] because everybody can see themselves somewhere.”

– Joelle Gallagher, Executive Director at COPE Family Centers, Co-chair of Live Healthy Napa County



LHNC has focused efforts on mobilizing the community to provide affordable housing for all across the life course. This movement started with support for Project Nightingale. The Napa City Council approved necessary permits for a new respite care home after LHNC partners argued their case at an appeal hearing.

Accountable Communities for Health

California has embraced a new model for achieving health equity: accountable communities for health (ACHs). An ACH is a multi-payer, multi-sector alliance of health care systems, providers, insurers, public health organizations, community and social service organizations, schools, and other partners.

ACHs strive to transform both the health care delivery system and community conditions that contribute to poor health. Both Sonoma and Napa Counties have made progress toward becoming ACHs.

Sonoma County

At the meeting, public health leaders highlighted Sonoma County's work developing an ACH infrastructure, including data-sharing capabilities and a wellness fund. Sonoma has built a financing framework that includes:

- Backbone funding (for facilitation, strategy development, and infrastructure needs)
- Pooled funding (for pilot testing programs including non-traditional funding methods and proof-of-concept work)
- Innovative loan funding (for scaling up programs and long-term investments)

Napa County

In Napa County, LHNC has established a shared vision and goals and has nurtured partnerships. HHSA serves as the backbone organization.

Under LHNC's leadership, Napa County has developed a portfolio of interventions to address social determinants of health for priority issues, like overweight and obesity.

Characteristics of an ACH

- Shared vision and goals
- Partnerships
- Leadership
- Backbone organization (a neutral body that convenes stakeholders, coordinates activities, and guides strategy development)
- Data analytics and sharing capacity
- Wellness fund
- Portfolio of interventions

"The idea [behind ACHs] is that if we can save money in the health care system, we may be able to reinvest that funding in upstream prevention."

– Karen Smith, Director and State Public Health Officer at the California Department of Public Health



Bright Spots of Innovation

State and local leaders hope that collaborative public health initiatives will help continue the trend of improving health outcomes in Sonoma and Napa Counties. For example:

Sonoma County

Led by DHS, the [Cradle to Career](#) initiative pools expertise from public health and education to close opportunity and achievement gaps. High-quality education is a critical predictor of long-term health outcomes.

Napa County

LHNC's [Healthy Bodies Coalition](#) is made up of more than 80 community partners dedicated to obesity prevention. The coalition has educated local businesses about developing worksite wellness policies and has worked with Napa County's Queen of the Valley Medical Center to adopt obesity prevention programs.

"Providing supportive housing for homeless individuals decreases their health care costs by 72%."

– Karen Relucio, Public Health Officer and Deputy Director at Napa County Health and Human Services

Existing Data Resources

Data collection and monitoring are important components of developing and implementing effective public health interventions. For example:

Sonoma County

Sonoma Health Action has facilitated data sharing to track health improvements. DHS now maintains a data repository with information on 22 health indicators, 7 of which were included for the first time using data provided directly by hospitals, community clinics, and other medical groups.

Health Action's Hearts of Sonoma County initiative — which seeks to reduce heart attacks and strokes — also shares medical group and community clinic data on hypertension control and uses the data to evaluate progress.

Napa County

LHNC collects data that tracks progress on strategies and activities outlined in the 2014 Community Health Improvement Plan. LHNC collected county housing data from various sectors and used it to draw attention to housing issues faced by residents. LHNC is convening community partners for a housing summit to discuss opportunities for systems change.



Looking to the Future

Leaders from Sonoma and Napa Counties plan to continue their efforts to foster creative, productive partnerships between sectors that impact health. For example:

- Both counties aim to increase their capacity for systematic data collection and analysis.
- Both counties intend to enhance governance structures to better organize collaborative efforts.
- Sonoma Health Action is updating its strategic plan to focus on cross-sector health improvement activities for the next 3 years.
- Napa County plans to develop its funding infrastructure, which includes identifying funding sources and establishing a wellness fund to hold and distribute resources.

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